

DEPARTMENT OF SOCIAL SERVICES

44 P Street, Sacramento, CA 95814

March 28, 1983



ALL-COUNTY INFORMATION NOTICE I- 45-83

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: STATE-ONLY AFDC-U THREE-MONTH LIMITATION REPORTING

REFERENCE: ALL-COUNTY LETTER 82-96 AND ALL-COUNTY INFORMATION NOTICE I-146-82

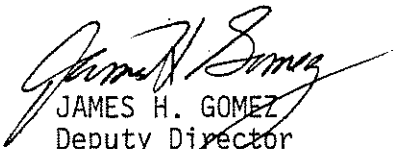
All-County Letter (ACL) 82-96 and All-County Information Notice (ACIN) I-146-82 required information on SB 1326, specifically, data concerning the impact of the three-month limitation of eligibility for the State-only AFDC-Unemployed Parent (U) program. The information required was to be reported by footnotes on the CA 237 FG/U, GR 237 and ABCD 253.

This Notice is to inform you that after the March 1983 reports are submitted, footnotes (required by ACL 82-96 and ACIN I-146-82) on the CA 237 FG/U will no longer be required. However, the footnotes will still be required on the GR 237 and the ABCD 253, as shown on the sample forms attached. Please note that on the ABCD 253, Item 9.a. should now be used to report discontinuances due to the three-month limitation instead of a footnote.

This letter also designates Item 8.a. on form ABCD 255 (AFDC-FG&U Report on Denials and Other Non-Approvals of Applications for Cash Grant) as the proper line to report the number of applications denied because the applicant has already received three months of State-only AFDC-U within the last twelve months. A sample form ABCD 255 is attached illustrating correct reporting.

The ABCD 253 and ABCD 255 forms are due to be reprinted within the next few months. At that time, the forms will be revised to include designated lines to report discontinuances and denials due to the three-month time limitations.

If you have any questions regarding this All-County Information Notice, please contact Levy St. Mary, Statistical Services Branch, at (916) 323-2334 or (ATSS) 473-2334.


JAMES H. GOMEZ
Deputy Director
Administration

Atch.

Send One Copy To: Department of Social Services
Statistical Services Branch
744 P Street, Mail Station 12-81
Sacramento, CA 95814

GENERAL RELIEF AND INTERIM ASSISTANCE TO APPLICANTS FOR SSI/SSP MONTHLY CASELOAD AND EXPENDITURE STATISTICAL REPORT

COUNTY	1
FOR MONTH ENDING	MONTH DAY YEAR 2

PART A. CASELOAD (GENERAL RELIEF AND INTERIM ASSISTANCE)

CASES

1. Cases brought forward from last month (Item 5 last month or explain)
2. Cases added during month
3. Total cases available during the month
4. Cases discontinued during month
5. Cases carried forward to next month (Item 3 minus Item 4 above)

3
4
5
6
7

PART B. CASELOAD AND EXPENDITURES

6. Total General Relief ((1) + (2); also a + b below)
- (1) Amount in cash
- (2) Amount in kind
- a. Family cases
- b. One-person cases

CASES A	PERSONS B	*AMOUNT C
8	9	10
		\$
		11
		12
13	14	15
16	17	18

PART C. SSI/SSP INTERIM ASSISTANCE

7. Cases added during month
8. Total SSA checks disposed of during month
- a. Disposed of 1-10 working days of receipt from SSA
9. SSA sent SSI/SSP check directly to recipient
10. Denial notice received
11. Reimbursements during the month (a + b below)
- a. SSA check received
- b. Repaid by recipient

19		
20		
21		
22		
23		
24		25
26		\$
28		29

PART D. (FOR USE ONLY UPON INSTRUCTIONS FROM DSS)

- 12.
- 13.

30	31	32
		\$
33	34	35

PART E. NET GENERAL RELIEF EXPENDITURES

(Item 6 minus Item 11 above)

		36
		\$

PERSON TO CONTACT REGARDING THIS REPORT

TELEPHONE NUMBER

DATE

Send one copy to:

**AFDC—FAMILY GROUPS AND UNEMPLOYED
REPORT ON REASONS FOR DISCONTINUANCE OF CASH GRANT**

DEPARTMENT OF SOCIAL SERVICES
STATISTICAL SERVICES BRANCH
744 P STREET, MAIL STATION 12-81
SACRAMENTO, CALIFORNIA 95814

COUNTY

FOR MONTH ENDING (MONTH, DAY, YEAR)

ITEM

AFDC

REASONS FOR DISCONTINUANCE OF CASH GRANTS:

FG

U

Total cases discontinued (Same as Item 9, Form CA 237 FG/U)

(Number of recipients: _____)

(OPTIONAL)

1. No longer eligible child

2. No longer deprived of support or care

3. Resource exceeds limits

4. Income exceeds requirements:

a. Earnings increased

b. Benefits or pensions increased

c. Support from person inside home increased

d. Support from person outside home increased

e. Requirements reduced

5. Moved or cannot locate

6. Recipient initiative

(Number of cases discontinued due to CA 7 noncompliance: _____.)

7. Transferred to another program segment:

a. AFDC - FG

b. AFDC - U

c. AFDC - BHI

8. Transferred to another county

9. To be used only on instructions from the Department of Social Services:

a.

b.

c.

REPORT PREPARED BY

TELEPHONE NUMBER

DATE PREPARED

**AFDC — FAMILY GROUPS AND UNEMPLOYED
REPORT ON DENIALS AND OTHER NONAPPROVALS
F APPLICATIONS FOR CASH GRANT**

Send one copy to:

DEPARTMENT OF SOCIAL SERVICES
STATISTICAL SERVICES BUREAU
744 P STREET, MAIL STATION 12-81
SACRAMENTO, CALIFORNIA 95814

COUNTY

FOR QUARTER ENDING (MONTH, DAY, YEAR)

ITEM

AFDC

REASONS FOR DENIALS OF CASH GRANT

FG

U

Total denials of cash grant

1. No eligible child

2. Not deprived of support or care

3. Resource exceeds limits

4. Income exceeds standards

5. Failure to comply with procedural requirements

6. Undocumented alien

7. Nonresident.

8. To be used only on instructions from DSS:

a.

b.

c.

REASONS FOR NONAPPROVALS OTHER THAN DENIALS

Total nonapprovals other than denials

9. Application withdrawn.

10. Unable to locate or moved

PERSON TO CONTACT REGARDING THIS REPORT

TELEPHONE

DATE PREPARED